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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Aut	morized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Conservative Liberty	Coalition		
ADDRESS (number and street)	1624 Market Street		
▼	Ste 202		
Check if different than previously	Denver		CO 80202
reported. (ACC)			
2. FEC IDENTIFICATION	NUMBER ▼ CIT	ГУ▲	STATE ▲ ZIP CODE ▲
C C00575118		S THIS REPORT (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:	Mar	r 20 (M3) Jun 20 (M	6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		20 (M4) Jul 20 (M7	7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report July 15	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report October 15	t (Q2) PRE-Election Report for the:	Convention (12C)	Special (12S)
Quarterly Report	: (Q3)	M M / D D	/ Y Y Y Y in the
January 31 Year-End Report	t (YE) Election	on on	State of
July 31 Mid-Year Report (Non-elec Year Only) (MY)	ction (d) 30-Day	x General (30G)	Runoff (30R) Special (30S)
Termination Rep (TER)		on on 11 08	in the 2016 State of
5. Covering Period	10 20 / 2016	through 11	M / D D / Y Y Y Y Y Z Y Z Y Z Z Z Z Z Z Z Z Z Z
I certify that I have examined	I this Report and to the best of	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasu	Hornaday, Alexander, , , urer		
Signature of Treasurer	ornaday, Alexander, , ,	[Electronically Filed]	Date 12 / 07 / 2016
NOTE: Submission of false, err	roneous, or incomplete informatio	n may subject the person signin	g this Report to the penalties of 52 U.S.C. § 30109
Office			FEC FORM 3X
Use			Rev. 05/2016

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Conservative Liberty Coalition 10 20 2016 11 28 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 36077.00 January 1, 2016 (b) Cash on Hand at 36077.00 Beginning of Reporting Period..... 0.00 0.00 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 36077.00 36077.00 6(a) and 6(c) for Column B)..... 15500.00 15500.00 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 20577.00 20577.00 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Report Covering the Period: From: MMM / 20 / 2016 To: MMM / 28 / 2016						
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
. Contributions (other than loans) From:						
(a) Individuals/Persons Other						
Than Political Committees	0.00	0.00				
(i) Itemized (use Schedule A)	0.00	0.00				
(ii) Unitemized	0.00	0.00				
(iii) TOTAL (add	45. 45.	4 4				
Lines 11(a)(i) and (ii)	0.00	0.00				
		4 4				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees						
(such as PACs)	0.00	0.00				
(d) Total Contributions (add Lines						
11(a)(iii), (b), and (c)) (Carry	0.00	0.00				
Totals to Line 33, page 5)▶	0.00	0.00				
2. Transfers From Affiliated/Other	0.00	0.00				
Party Committees	0.00	0.00				
3. All Loans Received	0.00	0.00				
. All Loans Heceived	4 4	4 4				
Loan Repayments Received	0.00	0.00				
5. Offsets To Operating Expenditures	7 7	4 4				
(Refunds, Rebates, etc.)						
(Carry Totals to Line 37, page 5)	0.00	0.00				
6. Refunds of Contributions Made	45. 45.	45 45				
to Federal Candidates and Other						
Political Committees	0.00	0.00				
7. Other Federal Receipts						
(Dividends, Interest, etc.)	0.00	0.00				
3. Transfers from Non-Federal and Levin Funds	·					
(a) Non-Federal Account	0.00	0.00				
(from Schedule H3)	0.00	0.00				
	0.00	0.00				
(b) Levin Funds (from Schedule H5)	0.00	0.00				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
(c) Total Transfers (add To(a) and To(b))	0.00	0.00				
Total Descipte (add Lines 44/4)						
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	0.00	0.00				
12, 10, 14, 13, 10, 17, allu 10(0))	0.00	0.00				
. Total Federal Receipts						
(subtract Line 18(c) from Line 19)▶	0.00	0.00				
	4 4	4				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calcinal Four to Date	
(i) Federal Share	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating	4 4		
Expenditures	500.00	500.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	500.00	500.00	
Transfers to Affiliated/Other Party	0.00	0.00	
Committees	0.00	0.00	
Federal Candidates/Committees and Other Political Committees	0.00	0.00	
Independent Expenditures (use Schedule E)	15000.00	15000.00	
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	7	4 4	
(use Schedule F)	0.00	0.00	
Loan Repayments Made	0.00	0.00	
Loans Made	0.00	0.00	
Refunds of Contributions To: (a) Individuals/Persons Other	0.00	4 4 4	
Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	45 45 45	1 1 1 1 1 1 1 1 1	
(such as PACs)(d) Total Contribution Refunds	0.00	0.00	
(add Lines 28(a), (b), and (c))	0.00	0.00	
Other Disbursements (Including			
Non-Federal Donations)	0.00	0.00	
Federal Election Activity (52 U.S.C. § 30101(a) Allocated Federal Election Activity	20))		
(from Schedule H6) (i) Federal Share	0.00	0.00	
(I) III - I II O			
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00	
Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00		
2.100 00(0)/1, 00(0)/11 010 00(0)/	0.00	0.00	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	15500.00	15500.00	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	45500.00		
nom Encorp	15500.00	15500.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00	
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00	
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	500.00	500.00	
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
38. Net Operating Expenditures (subtract Line 37 from Line 36)	500.00	500.00	

ľ

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE NUMBER: PAGE 6 OF 10			
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) X 21b 22 23 26 27 28a 28b 28c 29 30b			
		sed by any person for the purpose of soliciting contributions ical committee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)					
Conservative Liberty Coalition					
Full Name (Last, First, Middle Initial)	_				
The Law Office of Alexander Horna	Date of Disbursement				
Mailing Address 1624 Market Street Ste 202		11 10 2016			
City	State Zip Code	FEC Identification Number			
Denver	CO 80202				
Purpose of Disbursement legal and compliance		O01 C Transaction ID : SB21B.4100			
Candidate Name		Category/ Amount of Each Disbursement this Period			
Office Sought: House Disburser	ment For: 2016	Type 500.00			
Senate President	Primary General Other (specify)				
State: District:	(-p-00) •	Memo Item			
Full Name (Last, First, Middle Initial) 3.		Date of Disbursement			
	M M / D D / Y Y Y Y				
Mailing Address					
City	State Zip Code	FEC Identification Number			
Purpose of Disbursement	C				
Candidate Name	Category/ Amount of Each Disbursement this Period Type				
Office Sought: House Disburser Senate President					
State: District:	Other (specify)	Memo Item			
Full Name (Last, First, Middle Initial)		Date of Disbursement			
Mailing Address		M M M / D D / Y Y Y Y			
City	State Zip Code	FEC Identification Number			
Purpose of Disbursement	C				
Candidate Name	Category/ Amount of Each Disbursement this Period Type				
Office Sought: House Disburser Senate	ment For: Primary General	Type			
President State: District:	Other (specify) ▼	Memo Item			
SUBTOTAL of Disbursements This Page (optional)		500.00			
TOTAL This Period (last page this line number only)		500.00			

TEMIZED INDEPENDENT EXPENDITURES				PAGE 7 OF 10		
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼		
Conservative Liberty Coalition		C C00575118				
				C 000/3110		
Check if 24-hour report 48-hour report	New repo	ort Amends repo		" M / D " D / Y " Y " Y " Y		
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination		
Amagi Stratégies			P	11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 424 E 10th St			Amou	nt		
4c		l =				
City	State	Zip Code	Trons	7500.00		
New York	NY	10009		Transaction ID : SE.4102 Date of Disbursement or Obligation		
Purpose of Expenditure Electronic Communications and License of List		Category/ Type 004		11 02 / Y Y Y Y		
Name of Federal Candidate:		X Support	Office Sough	nt: House District:		
Trump, Donald, , ,		Oppose	x Presid	ent Senate State:		
Calendar Year-To-Date		7500.00	Disbursemer	nt For: Primary 🗶 General		
Per Election for Office Sought	7 7	7000.00	2016 C	Other (specify)		
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination		
Amagi Strategies			The state of the s	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 424 E 10th St			A			
4c			Amou	nt		
City	State	Zip Code		2100.00		
New York	NY	10009		saction ID : SE.4105 of Disbursement or Obligation		
Purpose of Expenditure Electronic Communications to support Ron DeSan License	tis and List	Category/ Type 004		11 02 7 2016		
Name of Federal Candidate:		x Support	Office Sough	nt: Nouse District:06		
DeSantis, Ron, , ,			Presid	ent Senate State: FL		
Calendar Year-To-Date		2100.00	Disbursemer	nt For: Primary General		
Per Election for Office Sought	7 7	2100.00	2016 c	Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	i			9600.00		
(a) SUBTOTAL of Unitemized Independent Expenditure	res		· [
(a) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•				
Hornaday, Alexander, , ,	[Electronically File	edl -	M = M /	07 / Y Y Y Y Y		
Signature		_ Date	12	07 2016		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 8 OF 10 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
Conservative Liberty Coalition				C C00575118		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y		
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination		
Amagi Strategies				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 424 E 10th St			Amo	unt		
4c	State	Zin Code	— F	1050.00		
New York	City State Zip Code New York NY 10009			Transaction ID : SE.4107 Date of Disbursement or Obligation		
Purpose of Expenditure Electonic communications and list license						
Name of Federal Candidate:		X Support	Office Soug	ght: House District:		
Johnson, Ron, , ,		Oppose	Presi	dent State: WI		
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1050.00	Disburseme 2016	ent For: Primary X General Other (specify) ▶		
Full Name of Payee		Memo	1_	of Public Distribution/Dissemination		
Amagi Strategies		_ Wemo		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 424 E 10th St			Amo			
4c						
City New York	City State Zip Code New York NY 10009			1200.00 Transaction ID : SE.4109		
Purpose of Expenditure Electronic communications and list license	1	Category/ Type 003		of Disbursement or Obligation M M M		
Name of Federal Candidate:		x Support	Office Sou	ght: House District:		
Paul, Rand, , ,		Oppose	Presi	dent Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought			Disburseme 2016	ent For: Primary		
(a) SUBTOTAL of Itemized Independent Expenditures				2250.00		
,						
(a) SUBTOTAL of Unitemized Independent Expenditure	es		• •			
(a) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
Hornaday, Alexander, , ,	Electronically File	ed] Date	e 12	07 2016		
Signature			, 12	20.0		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 9 OF 10 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
Conservative Liberty Coalition						
				C C00575118		
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y = Y		
Full Name_of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination		
Amagi Stratégies				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 424 E 10th St				unt		
City	State	Zip Code	$ \Gamma$	1050.00		
New York	NY	10009		Transaction ID : SE.4111 Date of Disbursement or Obligation		
Purpose of Expenditure Electronic Communication and list license		Category/ Type 004		11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		✗ Support	Office Soug	ht: House District:		
Scott, Tim, , ,		Oppose	Presid	dent Senate State: SC		
Calendar Year-To-Date Per Election for Office Sought	7 7	1050.00	Disburseme	ent For: Primary		
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination		
Amagi Strategies				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 424 E 10th St			A			
4c			Amo			
City	State	Zip Code		1050.00		
New York	NY	10009		nsaction ID : SE.4113 of Disbursement or Obligation		
Purpose of Expenditure Electronic Communications and list license		Category/ Type 004		M 11 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		✗ Support	Office Soug	ht: House District:		
Lee, Mike, , ,				dent 🗶 Senate State: UT		
Calendar Year-To-Date		1050.00	Disburseme	ent For: Primary X General		
Per Election for Office Sought	7 7	1030.00	2016	Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditure				2100.00		
				, , , , , , , , , , , , , , , , , , , ,		
(a) TOTAL Independent Expenditures			· •	7		
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
Hornaday, Alexander, , ,	Electronically Fil	ed1	M M /	D D / Y Y Y Y Y		
Signature	<u> Баси опиши</u> у Г и	_ Date	9 12	07 2016		

TEMIZED INDEPENDENT EXPENDITURES	•			PAGE 10 OF 10		
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼		
Conservative Liberty Coalition						
				C C00575118		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	"M / D D / Y Y Y Y Y		
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination		
Amagi Stratégies				11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 424 E 10th St			Amou	nt		
4c	Ctoto	Zin Codo		1050.00		
City New York	State	Zip Code 10009	Transaction ID : SE.4115			
	INT	10003		of Disbursement or Obligation		
Purpose of Expenditure Electronic communications and list license		Category/ Type 004		11 02 7 2016		
Name of Federal Candidate:		X Support	Office Sough	nt: X House District: 04		
King, Steve, , ,		Oppose	Presid	II		
Calendar Year-To-Date Per Election for Office Sought	4 1 1 4	1050.00	Disbursemer 2016	nt For: Primary		
Full Name of Payee		Memo		of Public Distribution/Dissemination		
. a tame of . ayes		Wellie	_	M M / D D / Y Y Y Y		
Mailing Address			— L			
maining / idea ood			Amou	nt		
City	State	Zip Code				
	Oldio	2.6 0000				
Purpose of Expenditure				of Disbursement or Obligation		
. d.pose et <u>E.pondid.</u>		Category/ Type		M = M / D = D / Y = Y = Y		
Name of Federal Candidate: Support Offit				ce Sought: House District:		
		Oppose	Presid	ent Senate State:		
Calendar Year-To-Date			Disbursemer	nt For: Primary General		
Per Election for Office Sought	7			Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	3		· .	1050.00		
(a) SUBTOTAL of Unitemized Independent Expenditu	ıres		.			
(a) TOTAL Independent Expenditures			• [15000.00		
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	•		•		
Hornaday, Alexander, , ,	[Floatronically E:	lad1	M = M /	D D / Y Y Y Y Y		
Signature	[Electronically Fil	eaj Date	12	07 2016		
-				l		